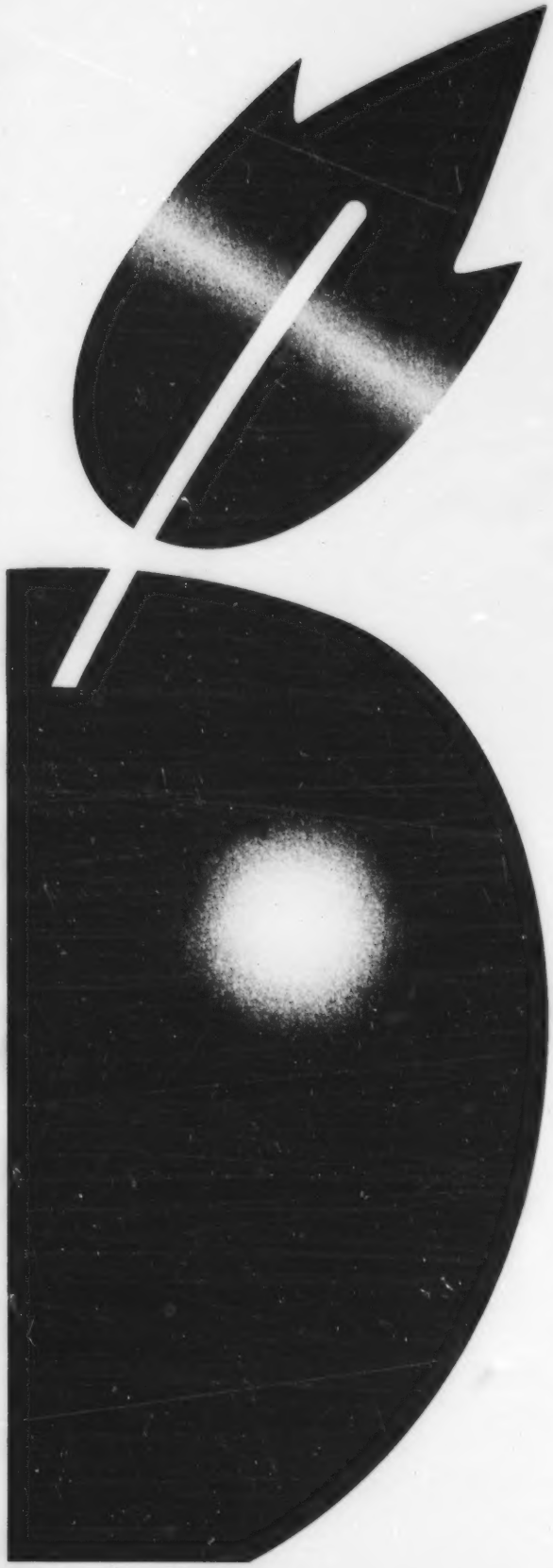


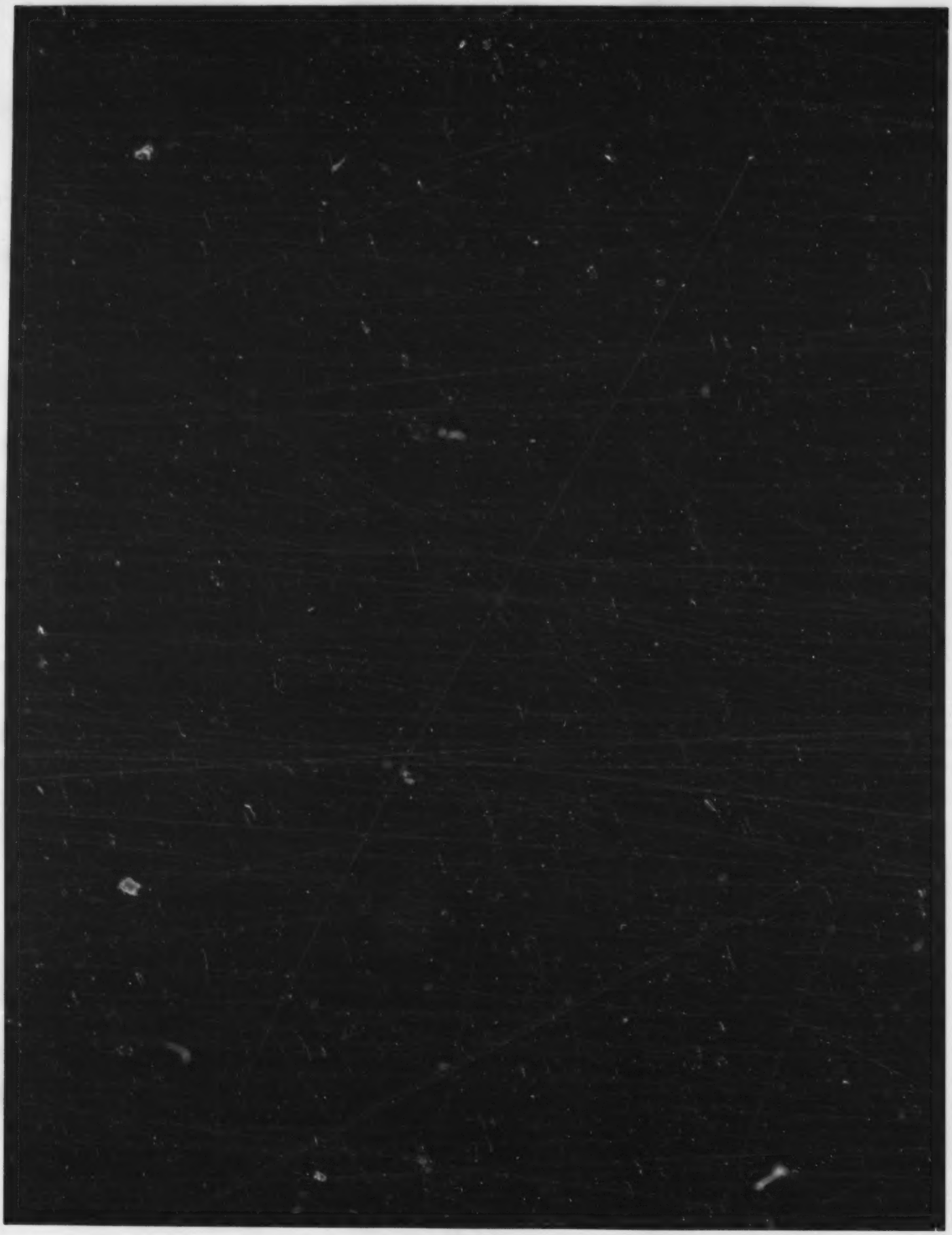
TRACKING HEALTH REFORM IN ALBERTA

ALBERTA

Health Reform Implementation Team Report

SPRING 2002

ALBERTA
Health Reform
IMPLEMENTATION TEAM



Across the country, provinces, territories and the federal government are wrestling with how to ensure the future of public health care in Canada in the face of rising costs, an aging population, a limited health workforce, and new and more expensive drugs and technology. At $6.8 billion this year, health care now commands 36 per cent of all Alberta government spending.

On January 23, 2002 the Alberta government accepted all 44 recommendations of the Premier's Advisory Council on Health. The government plan, *Alberta: Health First, Building a better public health care system*, sets out a timeline to achieve these recommendations and charts a new course for health care reform.

ALBERTA
Health Reform
IMPLEMENTATION TEAM

As part of the plan, the Alberta government appointed the Health Reform Implementation Team: chair Larry Ohlhauser and team members Paul Boothe and Jeanette Pick.

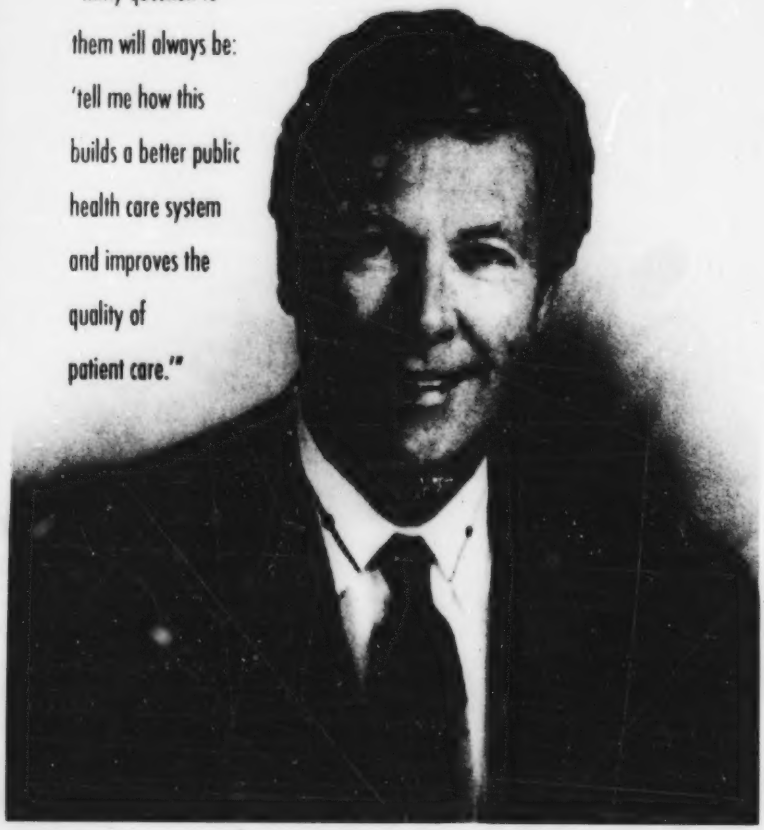
The team will oversee work on the government action plan on health and provide regular progress reports to Albertans.

Team members will also support the work of the M.L.A committees and consult with health care providers and regional health authorities on how to overcome any barriers to building a better public health system in Alberta.

CHAIR

Dr. Larry Robert Ohlhauser, M.D.
— pursuing the vision of health reform

"...my question to them will always be: 'tell me how this builds a better public health care system and improves the quality of patient care.'"



BIRTHPLACE

Carbon, Alberta

OCCUPATION

Medical doctor; president of health care consulting company

EDUCATION

MD, University of Alberta, 1971; Bachelor of Science, University of Alberta, 1967

CAREER HIGHLIGHTS

- Registrar of College of Physicians and Surgeons of Alberta, 1989 to 2001.
- Assistant registrar, 1982 to 1986; deputy registrar, 1986 to 1989, College of Physicians and Surgeons of Alberta.
- Conducted a general practice of medicine in Drumheller, 1972 to 1982.

As chair of the Health Reform Implementation Team, Larry Ohlhauser is excited about the opportunity to oversee Alberta's ambitious plan for health care reform.

"What I like about the Premier's Advisory Council on Health report is that it is a comprehensive list of recommendations that must be taken altogether," says Ohlhauser. "And there was no cherry picking with this report. Government was prepared to embrace all of its recommendations."

Ohlhauser, along with team members Jeanette Pick and Paul Boothe, will monitor the implementation of the government action plan on health and provide regular progress reports to the Minister of Health and Wellness.

"We're all committed to the vision of improving public health care. We believe the work of the committees and groups implementing this plan must be open and transparent," says Ohlhauser. "Achieving the goals will be a collaborative process between all players in the system, and the decisions we make must be based on strong evidence. Evaluation of whether we're successful will be a rigorous process, where we identify the reasons why we've succeeded, or why we haven't."

Ohlhauser says his focus will be on what results will strengthen the public health care system and lead to better patient care.

"We will need to build better accountability for who is responsible for what in the system — whether it's government, regional health authorities, health care providers or Albertans themselves," says Ohlhauser. "We also need to collect good data that will help us make good policy decisions in all aspects of health care."

His main role, says Ohlhauser, will be to keep the vision in focus for everyone. "On any given day I may be in a debate at the micro-level of health care with a doctor, nurse, administrator or a government committee member. But my question to them will always be: 'tell me how this builds a better public health care system and improves the quality of patient care.' "

TEAM MEMBER

Dr. Paul Boothe, PhD
— seeking sustainable funding for health care

Paul Boothe says the recommendations of the Premier's Advisory Council on Health have set out a sound course of action for health care reform.

He believes the Alberta government action plan on health is a logical next step to the turbulent, but necessary restructuring of the health care system that occurred several years ago.

"The difficult changes that took place in the 1990s provide the foundation for what needs to come next," says Boothe. "The next step of health reform will be evolution, not revolution."

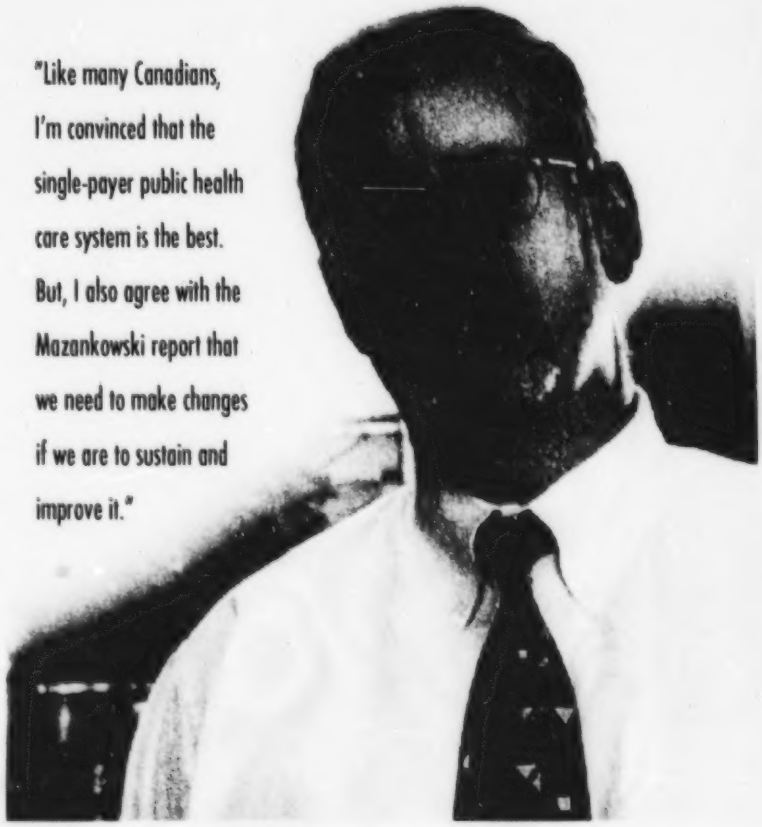
Some of the biggest challenges, says Boothe, will be changing the way that the public health care system is funded and how services are provided.

"The Mazankowski report says we have to manage health care better and find better ways to fund the system," he says. "This will mean changing the way health care providers operate — something that will take time for providers and the public to get used to. We also have to look at using a new mix of providers, a combination of public, private and non-profit partners, to deliver services effectively."

In Boothe's mind, success will require maintaining the support of Albertans as government implements health reform.

"The public needs to be convinced that these changes will achieve the desired goal of a quality, sustainable health system. We will have to be good at explaining to the public why these steps are necessary."

Boothe is confident that this ambitious plan is is achievable. "Like many Canadians, I'm convinced that the single-payer public health care system is the best. But, I also agree with the Mazankowski report that we need to make changes if we are to sustain and improve it."



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BIRTHPLACE

Toronto, Ontario

OCCUPATION

Economics professor, policy advisor, author and researcher on public policy

EDUCATION

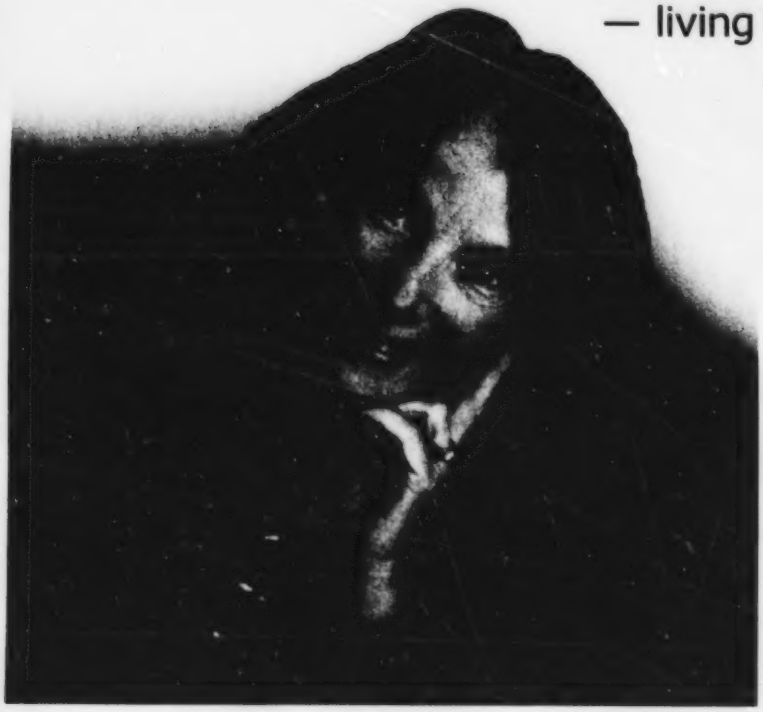
Bachelor of Arts (Honors) , University of Western Ontario, 1976; PhD, University of British Columbia, 1981

CAREER HIGHLIGHTS

- University of Alberta professor of economics, 1984 to present.
- Deputy Minister, Saskatchewan department of finance, 1999 to 2001.
- Fellow of the Institute for Public Economics and the C.D. Howe Institute.

TEAM MEMBER

Jeanette Pick
— living a passion for health care



"By providing better information and education, people can take more responsibility for their health. Access to care in an efficient, organized system is essential."

BIRTHPLACE

Edmonton, Alberta

OCCUPATION

Health services management consultant; University of Calgary faculty of nursing adjunct associate professor

EDUCATION

Master of Education, University of Calgary; Bachelor of Science in Nursing, University of Alberta

CAREER HIGHLIGHTS

- Health services management consultant (international and national), 1999 to present.
- Acute care chief operating officer, Calgary Regional Health Authority, 1994 to 1999.
- Vice-president, patient care services, Calgary Foothills Hospital, 1985 to 1994.
- Director of nursing, Calgary Foothills Hospital, 1981 to 1985.
- Surveyor with Canadian Council of Health Services Accreditation (past 15 years).

For Jeanette Pick, the Premier's Advisory Council on Health report and the government action plan to implement the council's recommendations is a natural progression of events to sustaining a public health care system.

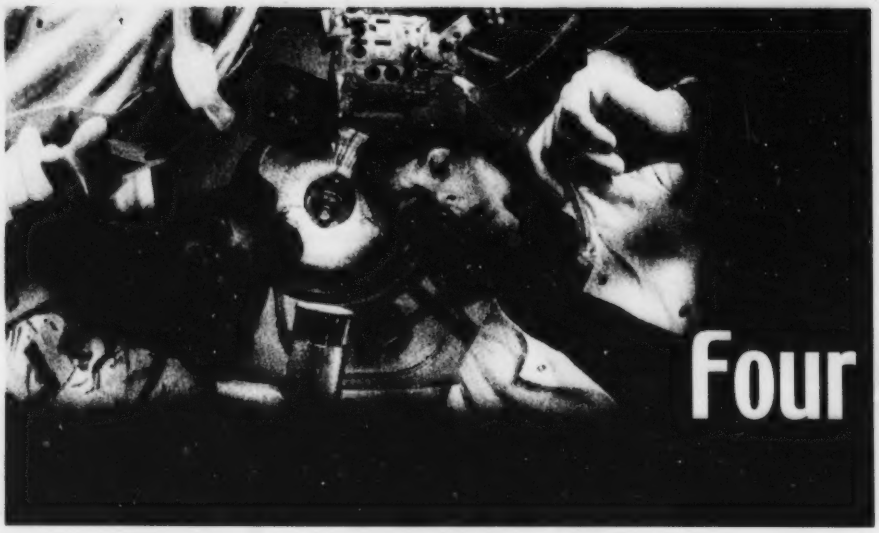
"I think the timing is right; I think health care providers and Albertans are ready for many of these changes," says Pick. "Providers have talked for a long time about new models of care to manage chronic disease and primary health care. We've set up some successful pilot projects, established good examples of how health care services can be provided through multi-disciplinary teams. Primary health care will be a major focus in health care reform along with giving health care providers more opportunities to deliver services."

Helping Albertans to stay healthy is a key priority in health reform, says Pick. "From my experience what often causes frustration is people don't know where to go to help themselves and their family. By providing better information and education, people can take more responsibility for their health. Access to care in an efficient, organized system is essential."

Albertans also need to be shown that constant improvements are being made to the health care system, says Pick.

"We need to communicate with the public continually. The biggest challenge will be managing public expectations," says Pick. "We can deliver change, but if the public doesn't understand or accept it, it won't meet their needs. The use of electronic health records, for example, will be met with mistrust unless Albertans can be shown how it will benefit them."

One of Pick's keen interests is investing in technology and technology systems. "We need to have more data and information to make informed decisions, support evidence-based practice and measure results."



Four directions of reform

The 44 recommendations of the Premier's Advisory Council on Health have been consolidated under four main directions for health care reform:

1. Patient/Customer Focus

- to help Albertans stay healthy and provide quality service

- New *Canada Food Guide*
- 10-year health objectives and targets
- Health information campaign
- Non-financial incentives to stay healthy
- Primary health care reform
- 90-day access to services
- Posting wait times on Web site
- Centralized booking
- Committee on Collaboration and Innovation
- Liaison with other ministries regarding children completing education/training and financial assistance to support children living in poverty

2. Sustainability

- addressing health care funding, expenditures and other efficiencies

- Containing drug costs
- Integration of mental health services with regional health authorities
- M.L.A. Task Force on Health Care Funding and Revenue Generation
- Expert Advisory Panel to Review Publicly Funded Services

3. Accountability

- to encourage better health and management of outcomes and make the best use of health providers

- Multi-year contracts between province and regional health authorities
- Alternate approaches to paying physicians
- Comprehensive workforce plan
- Health Service Utilization and Outcomes Commission
- *Health Professions Act* Implementation Task Force

4. Infrastructure

- to support the health system – with an emphasis on government collaboration, information technology and research

- Electronic health records
- Electronic health care information cards
- Long-term funding for information technology
- Province-wide standards for information technology
- Support research through a variety of sources and organizations

These four directions provide a solid foundation for a public health care system that will serve Albertans well into the future.

This report focuses on progress on 2002 activities. The next report will track progress on expectations for 2003, holding government to its own timeline as outlined in *Alberta: Health First, Building a better public health care system.*

1 Patient/Customer Focus

Patient/Customer Focus tracks the results of actions to help Albertans stay healthy and to promote quality in health services.

PLANNED ACTIONS FOR 2002	RESULTS TO DATE	RESULTS BY NEXT REPORT
Work with other ministries on factors affecting health, such as education, training, and children living in poverty	• Cross-ministry initiative established to develop and co-ordinate government activities • Kindergarten to Grade 12 curriculum revised to reflect increased emphasis on healthy living	• Early childhood development strategies and indicators identified • New Kindergarten to Grade 9 Health Life Skills program implemented • Revised Career and Life Management (CALM) program to be implemented
Increase tobacco taxes as deterrent, especially for youth	• Tobacco taxes raised in Budget 2002 • AADAC leading a tobacco reduction strategy focusing on education and prevention, especially for young Albertans, and on treatment for current tobacco users	• Progress on strategy
Expand primary health care reform to improve access to first-contact health services in the community, preferably by a range of service providers in one location	• Proposal for federal funding submitted to the federal government • Discussion underway with other western provinces and territories regarding telephone health link related services	• Participation of health professionals begun • Electronic health records infrastructure to support primary health care under development • Progress in developing a province-wide telephone health information line
Set 10-year population health targets and objectives to reduce rates of diabetes, obesity, chronic heart and lung disease, substance abuse, accident and injury	• Cross-ministry initiative established to set health targets and objectives	• Priorities and actions for health promotion and prevention identified
Identify non-financial incentives for people to stay healthy	• Cross-ministry team established to identify incentives	• Progress on identifying non-financial incentives to stay healthy
Improve Albertans' access to information that helps them manage their health, including a public information campaign and Web site to promote healthy lifestyles	• Cross-ministry initiative established to develop, with government and non-governmental partners, a health promotion campaign	• Partnerships established • Campaign developed for fall launch
Take the lead in updating the *Canada Food Guide*	• Advised Health Canada of Alberta's desire to update the guide	• Progress on working with the federal government to revise the guide
Establish a committee on Collaboration and Innovation to ensure collaboration between regions to improve health service delivery to Albertans	• Committee established • Developing roles and responsibilities for government and regions • Clear targets set for action on committee's work	• Final recommendations to the Minister on roles of government and RHAs, and contracts with a range of providers, including other regions
Provide guaranteed 90-day access to selected services, post wait times on a Web site	• Work begun on identifying criteria for 90-day guarantee • Research and development of information technology tools has begun	• Progress on development of criteria and technical supports necessary to implement

FUTURE RESULTS

2003:

- A province-wide telephone health information line
- Start developing centres of specialization for selected procedures and treatments
- Wait times for selected procedures posted on the Web
- Guarantee of 90-day access for selected services
- Distribution of revised *Canada Food Guide*

Strategy to convince Albertans to quit

A comprehensive strategy was launched March 22, 2002 to encourage Albertans to reduce their use of tobacco. Led by the Alberta Alcohol and Drug Abuse Commission (AADAC), the $8.7 million program will focus on education and cessation activities to complement recently increased tobacco taxes.

The strategy will focus on:

- Education and prevention programs
- Mass media campaigns aimed primarily at youth and young adults
- Development of anti-tobacco education resources
- Development of an Aboriginal Tobacco Misuse Framework, sensitive to the culture and use of tobacco products by Aboriginal people
- Development of a research framework
- Programs to help people quit smoking, including a toll-free information line.

Committee on Collaboration and Innovation

- Members announced March 4, 2002 by Gary Mar, Minister of Health and Wellness.
  - Chair, Drew Hutton, M.L.A. Edmonton-Glenora
  - Members of the committee:

    Mary Anne Jablonski, M.L.A. Red Deer-North

    Don Tannas, M.L.A. Highwood

    Ed Anderson, Chair, Council of Chairs

    Jack Ady, Chair, Chinook Health Region

    Tom Seaman, Chair, Council of CEOs

    Jack Davis, CEO, Calgary Health Authority

    Sheila Weatherill, CEO, Capital Health Authority

    Rob Cable, CEO, Aspen Health Region

    Wendy Hassen, Assistant Deputy Minister, Health Workforce, Alberta Health and Wellness

    Bruce Perry, Assistant Deputy Minister, Finance and Corporate Services, Alberta Health and Wellness

    Alex Stewart, Assistant Deputy Minister, Health Accountability, Alberta Health and Wellness

    Jeanette Pick, Health Reform Implementation Team Liaison

- The committee will establish:
  - clear and distinct responsibilities for government and health authorities, and more effective delivery of health services by regional health authorities
  - centres of specialization
  - contracts with an innovative blend of public, private and not-for-profit providers to deliver insured health services
  - plan for multi-year contracts between government and regional health authorities
- The roles and responsibilities of regional health authorities will be reviewed by May 31, 2002, and a new multi-year contract between regional health authorities and Alberta Health and Wellness will be implemented by April 2004.
- The committee will provide recommendations to the Minister by September 30, 2002, and proceed with implementation strategies until March 31, 2004.

2 Sustainability

Sustainability tracks actions to address how to pay for public health care in the long term and ensure quality care through efficiencies.

PLANNED ACTIONS FOR 2002	RESULTS TO DATE	RESULTS BY NEXT REPORT
Co-operate with other provinces and territories to reduce drug costs without impairing public access to appropriate medication	• Federal funding to support a national system for sharing information on prescription drug use • Established a nationally shared process to review drugs for public funding • Alberta Expert Drug Committee working to streamline approval of generic drugs	• Common process for reviewing and recommending coverage for new drugs presented to provincial and federal ministers of health for approval
Increase Alberta Health Care Insurance premiums while improving protection for lower income Albertans	• Increased in Budget 2002 • Established higher thresholds for singles, families and seniors to qualify for premium subsidies	• Long-term funding recommendations from M.L.A. Task Force on Health Care Funding and Revenue Generation
Establish an expert advisory panel to review publicly funded services	• Expert Advisory Panel established	• Criteria and process for routine review of services, provided to Minister
Establish an M.L.A. Task Force to review funding and revenue options for government and regions	• M.L.A. Task Force on Health Care Funding and Revenue Generation created • Meeting weekly, research underway	• Recommendations provided to Minister
Integrate mental health services with regional health authorities to ensure streamlined services for Albertans	• Action plan developed	• Progress on transfer of mental health services to regions
Develop financial incentives to stay healthy	• To be co-ordinated with work of M.L.A. Task Force on Health Care Funding and Revenue Generation	• Proposal developed and recommendations provided to the Minister

FUTURE RESULTS

2003:

- Mental health services integrated with health regions
- Principles to guide revenue raising by regional health authorities in place

Expert Advisory Panel to Review Publicly Funded Health Services

- Members announced May 21, 2002 by Gary Mar, Minister of Health and Wellness.
  - Chair, *Bob Westbury*, community leader, Edmonton
  - Members of the panel:

    Marvin Moore, Regional Health Authority Representative, Debolt

    Dr. Franco Pasutto, pharmacy, Edmonton

    Dr. Kevin D'Amico, chiropractic, Calgary

    Greta Cummings, nursing, Edmonton

    Dr. June Bergman, family medicine, Calgary

    Dr. Martin Atkinson, speciality medicine, Calgary

    Dr. William Black, speciality medicine, Edmonton

    Jeff Kovitz, legal, Calgary

    Brad Neubauer, public, Irvine

    Thomas Clark, public, Leslieville
- The panel will:
  - recommend what health services and treatments should be publicly funded by December 2002.
  - recommend criteria to determine what new services and treatments should be publicly funded by January 2003.

M.L.A. Task Force on Health Care Funding and Revenue Generation

- Members announced February 1, 2002 by Gary Mar, Minister of Health and Wellness.
  - Chair, *Gordon Graydon*, M.L.A. Grande Prairie-Wapiti
  - Members of the task force:

    Doug Horner, M.L.A. Spruce Grove-Sturgeon-St. Albert

    Shiraz Shariff, M.L.A. Calgary McCall

    Lloyd Snelgrove, M.L.A. Vermilion-Lloydminster

    Janis Tarchuk, M.L.A. Banff-Cochrane

    Peter Kruselnicki, Deputy Minister, Alberta Finance

    Robert Bhatia, Deputy Minister, Alberta Revenue

    Shelley Ewart-Johnson, Deputy Minister, Health and Wellness

    Paul Boothe, Team Member, Health Reform Implementation Team
- The task force will examine:
  - provincial and regional funding options to ensure public health care is affordable and sustainable
  - a made-in-Alberta approach to funding, including medical savings accounts and variable health care premiums
  - options to protect the needs of lower income Albertans and the chronically ill
  - options for raising revenue for both the government and regional health authorities
  - financial incentives to stay healthy
- The task force will make recommendations by September 2002.

Accountability

Accountability tracks progress on actions to improve health outcomes and health system management

Develop a comprehensive health workforce plan to attract and retain health professionals	• Developing Quality of Work Life Survey for paramedical, technical and professional health workers to identify and address workforce issues • Working with regions to develop a plan to attract and retain health professionals	• Health authorities have comprehensive workforce plans, including a plan to address workforce morale • Plan to research, share and implement best practices
Establish a Health Services Utilization and Outcomes Commission	• Chair of expanded committee determined	• Members announced • Permanent office established • Three-year action plan to improve service delivery by reporting on health status and outcomes • Projects underway
Establish a task force to implement the *Health Professions Act* so professionals can work to their full training and capability	• Task force established • Preliminary meetings with all health professions completed • Strategic plan to fully implement the *Health Professions Act* delivered to the Minister	• Amendments to the *Public Health Act* and its regulations to remove barriers to practice for nurse practitioners
Implement alternate approaches to paying physicians to allow more creative service delivery, with a focus on prevention and rewarding physicians for health outcomes	• Seven alternate payment plans (APPs) are in place and 14 more are in development • 73 Medical Service Delivery Innovation Fund applications to support APPs are being reviewed	• Progress made in establishing more APPs

2003:

- Expanded alternate approaches to paying physicians, including Alternate Funding Plans for academic medicine
- The Health Services Utilization and Outcomes Commission provides its first annual report card to Albertans
- Amendments to the *Health Professions Act* implemented to remove barriers to practice for licensed practical nurses, opticians, registered nurses and pharmacists
- Ten per cent of physicians on alternate payment plans

Health Services Utilization and Outcomes Commission

- Chair, *Bonnie Laing*
- Members to be announced.
- The current commission will expand its mandate to monitor:
  - service access and quality
  - outcomes of health services
  - system performance
- The commission will produce regular reports on the health of Albertans and provide annual report cards on key services such as emergency room services.

Health Professions Act Implementation Task Force

- Chair, *Rob Renner*, M.L.A. Medicine Hat
- The mandate of the committee is to develop a strategic plan for implementation of the *Health Professions Act* that will lead to more effective use of health care workers' skills.
- The task force recently provided its report to the Minister.

3 Accountability

Accountability tracks progress on actions to improve health outcomes and health system management.

PLANNED ACTIONS FOR 2002	RESULTS TO DATE	RESULTS BY NEXT REPORT
Develop a comprehensive health workforce plan to attract and retain health professionals	• Developing Quality of Work Life Survey for paramedical, technical and professional health workers to identify and address workforce issues • Working with regions to develop a plan to attract and retain health professionals	• Health authorities have comprehensive workforce plans, including a plan to address workforce morale • Plan to research, share and implement best practices
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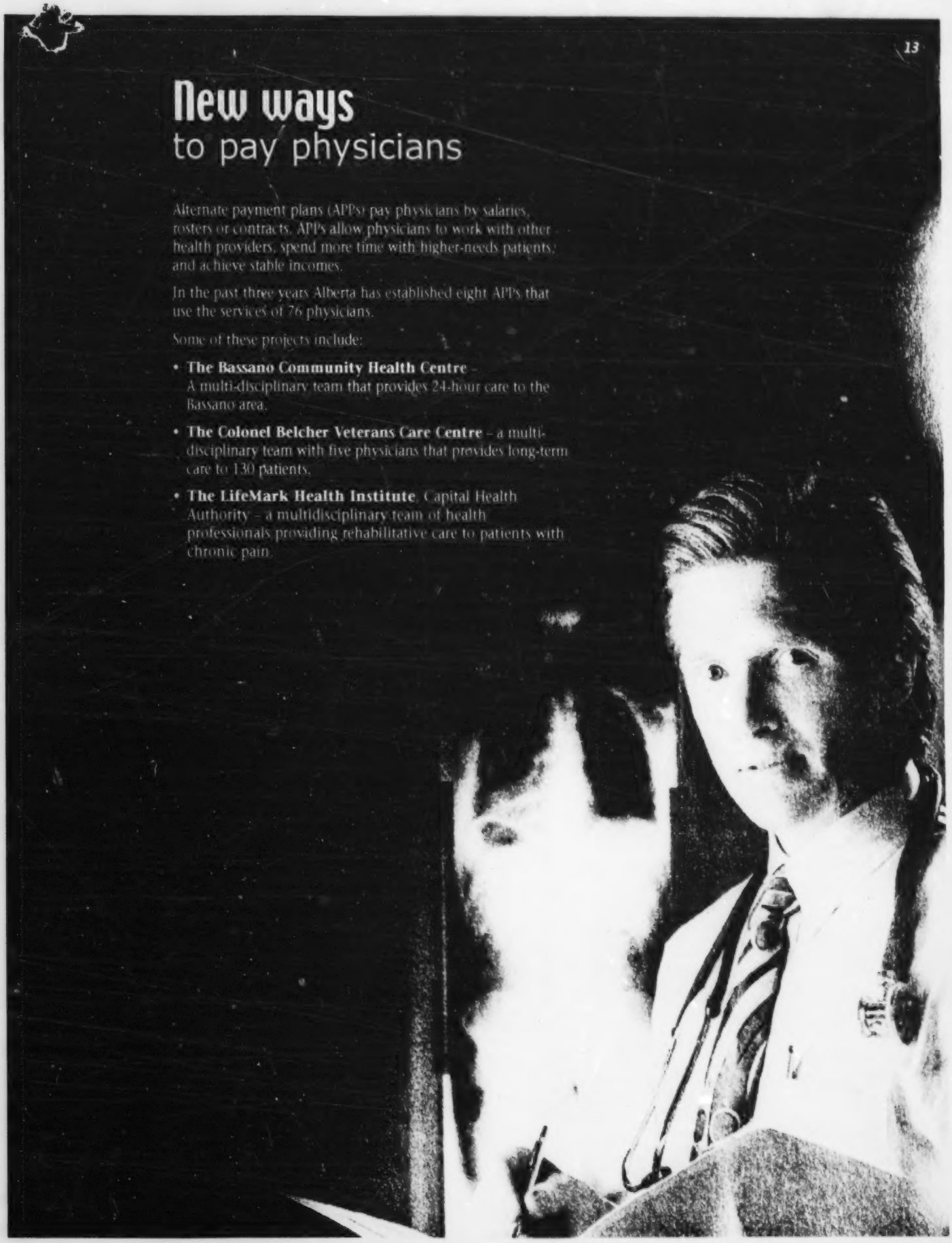
New ways
to pay physicians

Alternate payment plans (APPs) pay physicians by salaries, rosters or contracts. APPs allow physicians to work with other health providers, spend more time with higher-needs patients, and achieve stable incomes.

In the past three years Alberta has established eight APPs that use the services of 76 physicians.

Some of these projects include:

- **The Bassano Community Health Centre** - A multi-disciplinary team that provides 24-hour care to the Bassano area.
- **The Colonel Belcher Veterans Care Centre** – a multi-disciplinary team with five physicians that provides long-term care to 130 patients.
- **The LifeMark Health Institute**, Capital Health Authority – a multidisciplinary team of health professionals providing rehabilitative care to patients with chronic pain.



4 Infrastructure to Support the Health System

Infrastructure to support the health system tracks actions that support the health system, with an emphasis on government collaboration, information technology and research.

PLANNED ACTIONS FOR 2002	RESULTS TO DATE	RESULTS BY NEXT REPORT
Continue to support research through a variety of sources and organizations	• Continue to support Alberta medical research by working with Alberta foundations and institutions	• Publicly identify the projects being supported
Develop province-wide standards for information technology	• Consulting with stakeholders to identify appropriate standards	• Progress on developing province-wide standards
Develop electronic health records	• Pilot projects that test various uses of electronic health records have begun in several locations	• Report on results of pilot projects • More pilot projects in place

FUTURE RESULTS

2003:

- Electronic health records piloted for selected uses
- Long-term funding for Information Technology (IT) established
- Province-wide standards for IT approved and implemented
- Pilot test of patient medication records in selected communities

Pilot projects use IT to exchange medication information

Two Pharmaceutical Information Network (PIN) pilot projects in Westlock and Leduc are testing the benefits of electronic medication records.

PIN creates an electronic record of the medications a patient is taking, reasons for the medication, past medication treatment, and medication allergies and adverse drug events. Medication records can be accessed, with patient consent, by participating physicians, pharmacists and health care facilities. The system also provides convenient access to information on the best medication to treat a particular problem, how much to prescribe and the costs.

The program is designed to help physicians in their decisions about prescribing medication and reduce the likelihood of patients experiencing adverse drug reactions and drug conflicts.

Progress Report Overview

After the January 23, 2002 release of the action plan *Alberta: Health First*, government moved quickly to establish four of the six working groups: the Committee on Collaboration and Innovation, the M.L.A. Task Force on Health Care Funding and Revenue Generation, the *Health Professions Act* Implementation Task Force and the Health Reform Implementation Team. These working groups have moved quickly to meet with their stakeholders. Government was slower to establish the Expert Advisory Panel to Review Publicly Funded Health Services, and has yet to complete the membership of the Health Services Utilization and Outcomes Commission.

Planning and arranging for staff and other resources has taken time. In addition, the government budget and ministry business plans were released only on March 19, 2002 and most health authorities have recently submitted their business plans for the current fiscal year. However, health reform must be a priority for the government, the health system and all Albertans. Action in one area affects progress in others — it is important to keep moving on all fronts to ensure that reform is effective and achievable.

With budgets and business plans either in place or expected soon, the Health Reform Implementation Team looks for a significant improvement in progress in its next report, due in the fall of 2002.

ALBERTA
Health Reform
IMPLEMENTATION TEAM

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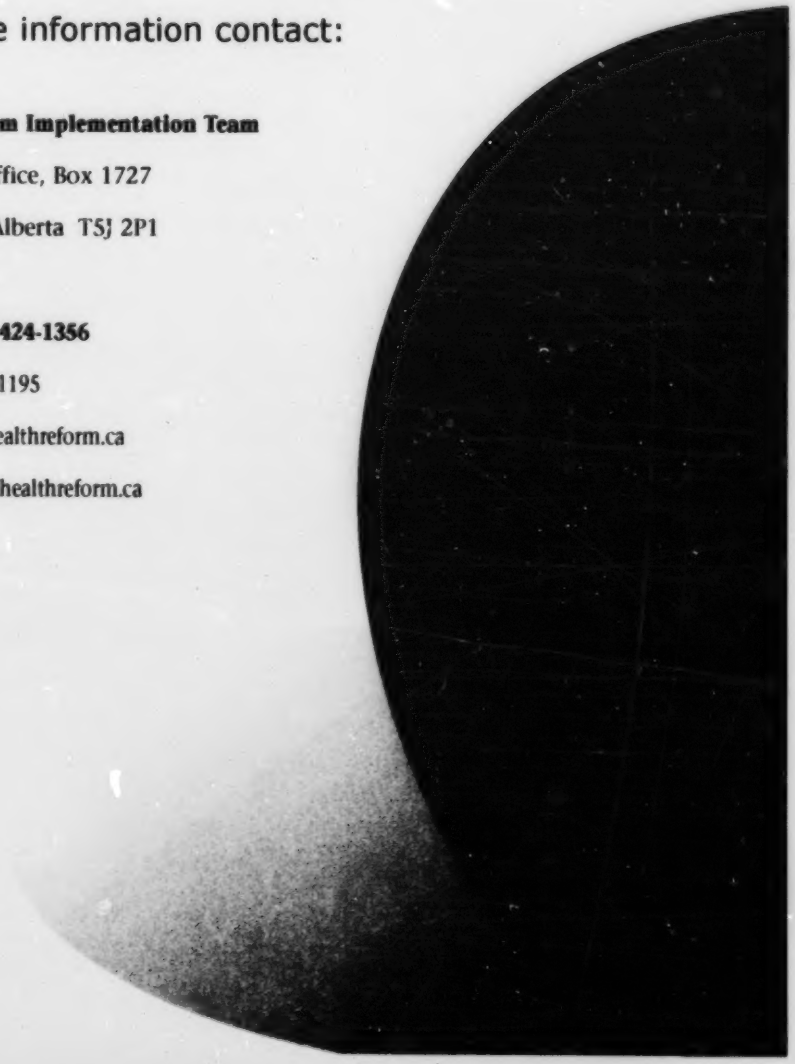

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